

1.) CORPORATION NAME: <b>Colonial Data Systems Corporation</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ALLISON BERRY PATRICK          24418 COX ROAD, SUITE A          PETERSBURG, VA 23803</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>DINWIDDIE COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>1/31/2013</b> SCC ID NO: <b>07459704</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				

6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 22418 COX ROAD, SUITE A CITY/ST/ZIP: PETERSBURG, VA 23803

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ALLISON BERRY PATRICK TITLE: DIRECTOR ADDRESS: 22418 COX ROAD, SUITE A CITY/ST/ZIP/CO: PETERSBURG, VA 23803				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Walter Neal Patrick TITLE: CFO ADDRESS: 22418 Cox Road Suite A CITY/ST/ZIP/CO: Petersburg, VA 23803				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ALLISON BERRY PATRICK	ALLISON BERRY PATRICK,	2/1/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.